

Name
in
Full

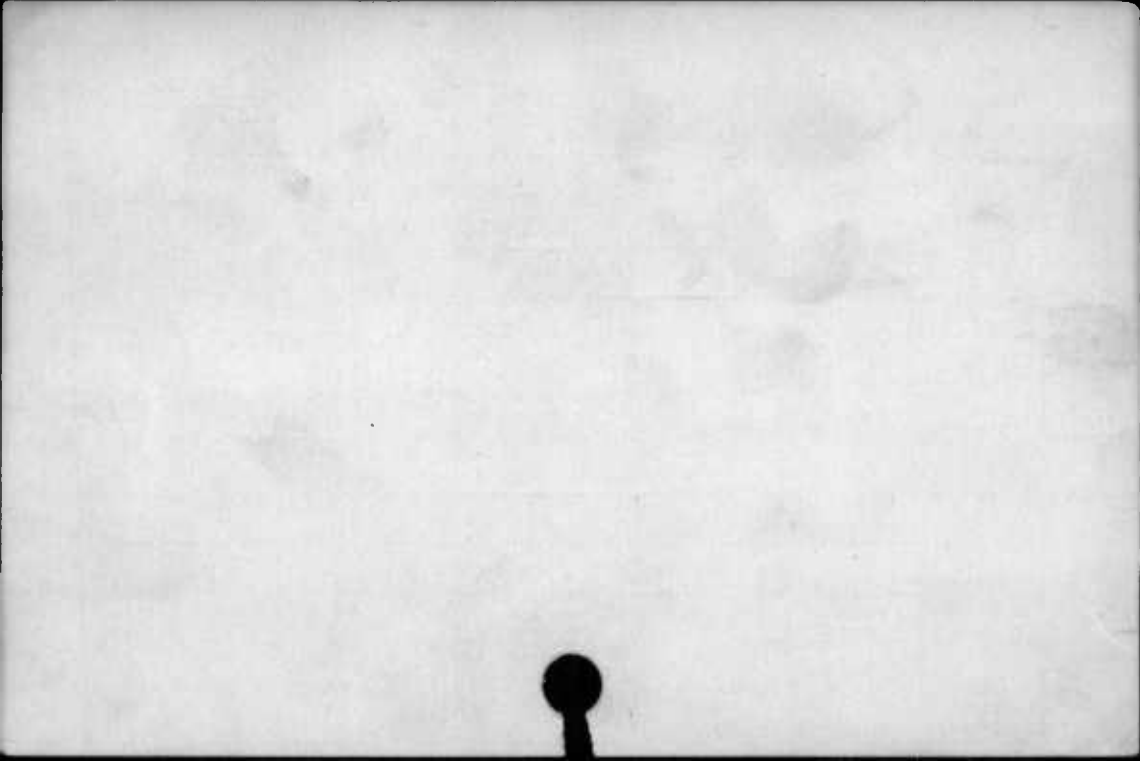
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Matthew Badders		Harford		Maryland	
Died at		County			
Date of death		1906	Month	April	Day
				Sunday	Age
				88	Years
				1	Months
				19	Days
Sex		male		Color or Race	
		white		Birth-place	
Occupation		farmer		Where Residing if not at place of death	
Married, Single or Widowed		married		Name of Wife or Husband	
		Mary Badders			
Father's Name		Levi Badders		Father's Birthplace	
Mother's Maiden Name		Elizabeth Badders		Mother's Birthplace	
Name of person giving information		Mrs Ida Badders		How related to deceased	
				Granddaughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Constitution of Liver	How long	few days
	Immediate	Constitution of Liver	How long	few days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Thine Son		Thine Son	
	Accident or Suicide?		Address	



Name
in
Full

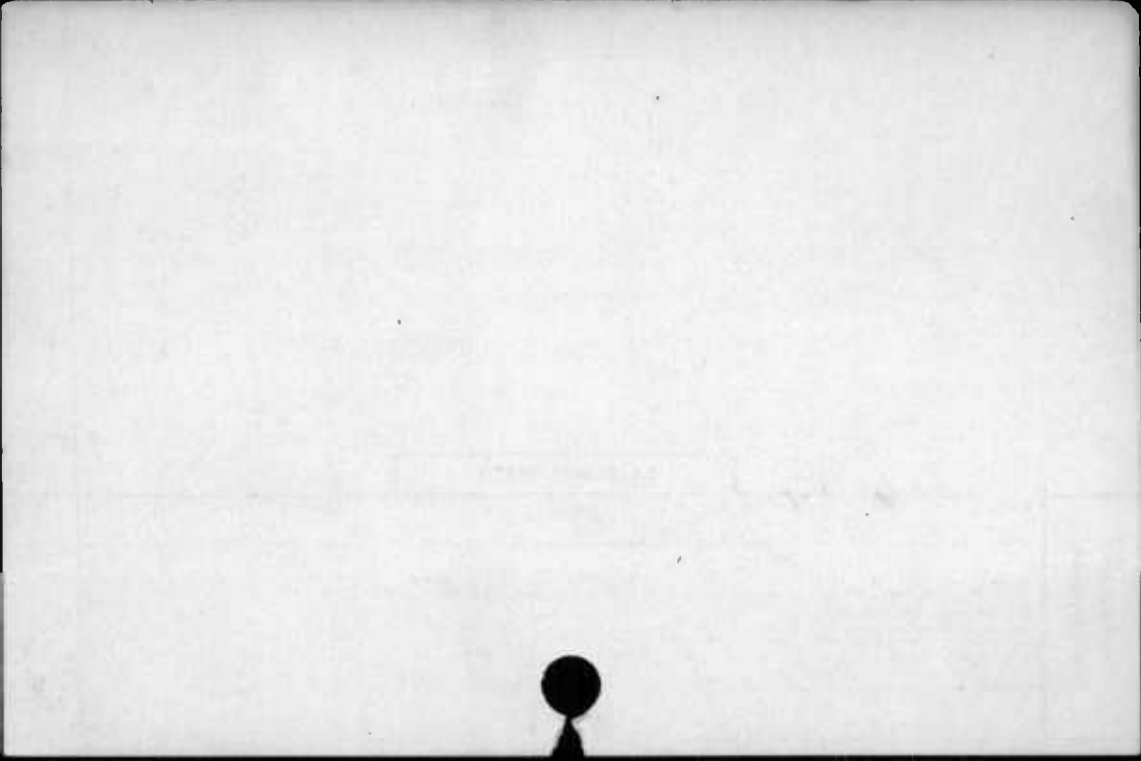
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berkley</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Apr</i>	Day	<i>7</i>
		Age	<i>4</i>	Years	<i>9</i>
				Months	<i>23</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md</i>
Occupation	<i>Child</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Audrow J Bird</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Melinda Barrow</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Audrow J Bird</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Measles</i>	How long	<i>one week</i>
Immediate	<i>Pneumonia</i>	How long	<i>five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Kirk</i>
		Address	<i>Wilmington</i>
Accident or Suicide?			<i>Md</i>



Name in Full

Certificate of Death

Alfred Brown

Town

Bryman

County

Harford

MARYLAND

Died at

Date 1906

Month

4

Day

7

Age

Y.

1

M.

9

D.

Native of

Penn

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

John Brown

Mother's

Maiden Name

Kate Brown

Cause of

Primary

Pneumonia

How long sick

2 wks

Death

Immediate

(93)

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

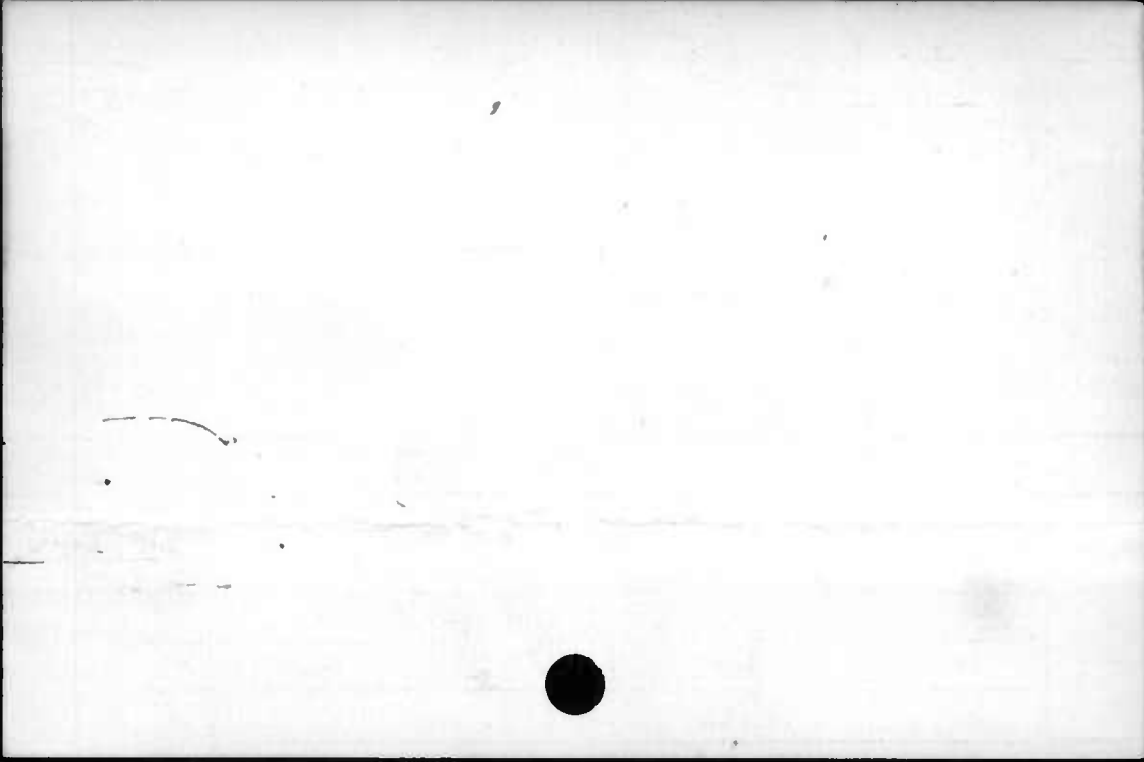
MARYLAND

Died at <i>Pleasantville</i> Town <i>Harford</i> County					
Date of death <i>1906</i>	Month <i>April</i>	Day <i>25</i>	Age <i>76</i> Years	Months <i>9</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>N. L. Mitchell</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>11 yrs</i>
Immediate <i>Paralysis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Davis M.D.</i>
	Address <i>Pleasantville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Run at Ashbury Brook
Gardens

Name
in
Full

CERTIFICATE OF DEATH

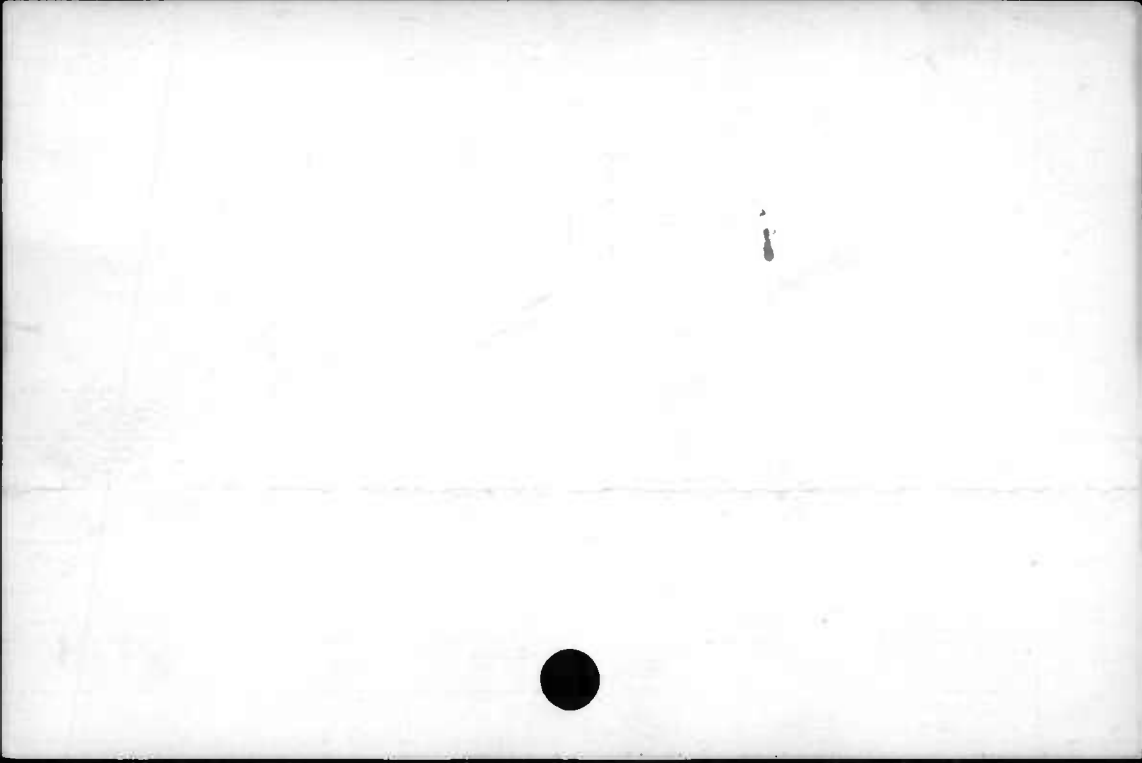
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Can Bitter</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death 1906	Month <i>April</i>	Day <i>14th</i>	Age	Years <i>86</i>	1	Months	8 Days
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>md.</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>farming</i>					
Name of Wife or Husband <i>anagay bayer</i>							
Father's Name				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>S. L. Bayer</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>ten days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>William V. Archer</i>	
<i>Yes</i>	Address <i>Bel Air Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rocks</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr</i>	Day <i>15</i> <small>th</small>	Age <i>75</i>	Months <i>3</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Virginia</i>			
Occupation <i>Laundress</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Hiram Cornish</i>				
Father's Name <i>Daniel Laws</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Margaret Manns</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Martha Berry</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility + Hyperstatic Pneumonia</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Oscar H. McNamee</i>
	Address <i>Jarrettsville Md.</i>
Accident or Suicide?	

40 75 40
50 50 50

Name
in
Full

Charles Daugherty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belt arr</u> ^{Town}		<u>Harpur</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>4</u>	Day <u>4</u>	Age <u>42</u>	Years <u>42</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth- place <u>Ind</u>		Months <u>42</u>
Occupation			Where Residing if not at place of death		
Married, Single, or Widowed			Name of Wife or Husband <u>Rose Daugherty</u>		
Father's Name <u>Samuel Daugherty</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Susan Mc Lane</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving Information <u>Rose Daugherty</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

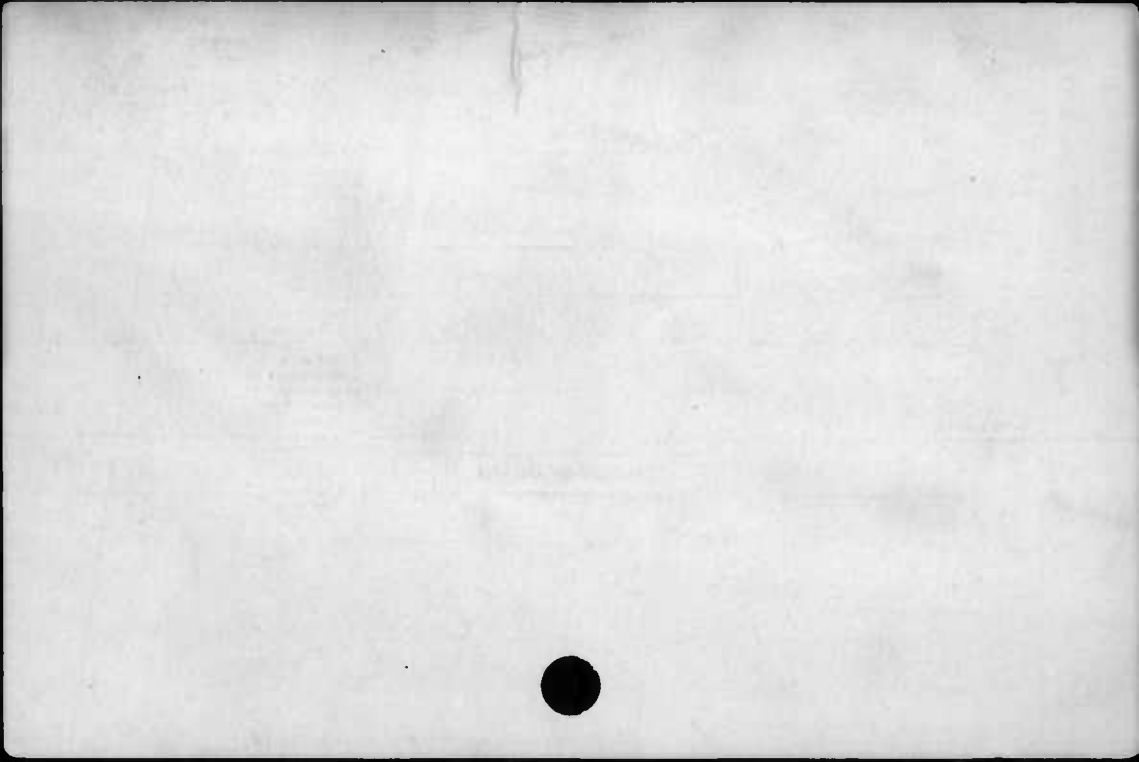
Primary	<u>Pulmonary tuberculosis</u>	How long	<u>1 year</u>
Immediate	<u>Cardiac failure</u>	How long	

Are the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianDr. H. A. Richardson
Ind

Address

Belt arr, Ind

Accident or Suicide?



Name in Full Wm J Harkins		CERTIFICATE OF DEATH	
Died at Stuy. Rd		County Hofack	
Town Stuy. Rd		State MARYLAND	
Date of death 1906	Month April	Day 13	Age 79
Sex Male		Color or Race White	Birth-place Balto City
Occupation Farmer		Where Residing if not at place of death Stuy. Rd and.	
Married, Single or Widowed Widow	Name of Wife or Husband Eveline Harkins		
Father's Name Wm J Harkins	Father's Birthplace Ind.		
Mother's Maiden Name Eveline Rugh	Mother's Birthplace Ind.		
Name of person giving information Son	How related to deceased Son		

CAUSES OF DEATH	
Primary Paralysis	How long 1 year
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E. W. Thomas
	Address Stuy. Rd.
Accident or Suicide?	



Name
in
Full

Wm. C. Herrman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		April	5	30	9	9	27
Sex	Male	Color or Race	White		Birth-place	Maryland	
Occupation	Coach Painter			Where Residing If not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
W. C. Herrman				W. C. Herrman			
Father's Name	W. C. Herrman			Father's Birthplace			
Eliza Holland				Mother's Birthplace			
Name of person giving information				How related to deceased			
W. C. Herrman				Wife			

CAUSES OF DEATH

Primary	Plumbeism & Dilatation of Heart	How long	5 weeks
Immediate	Ordema of Heart	How long	3 "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. P. Smithson
yes		Address	Forest Hill, Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

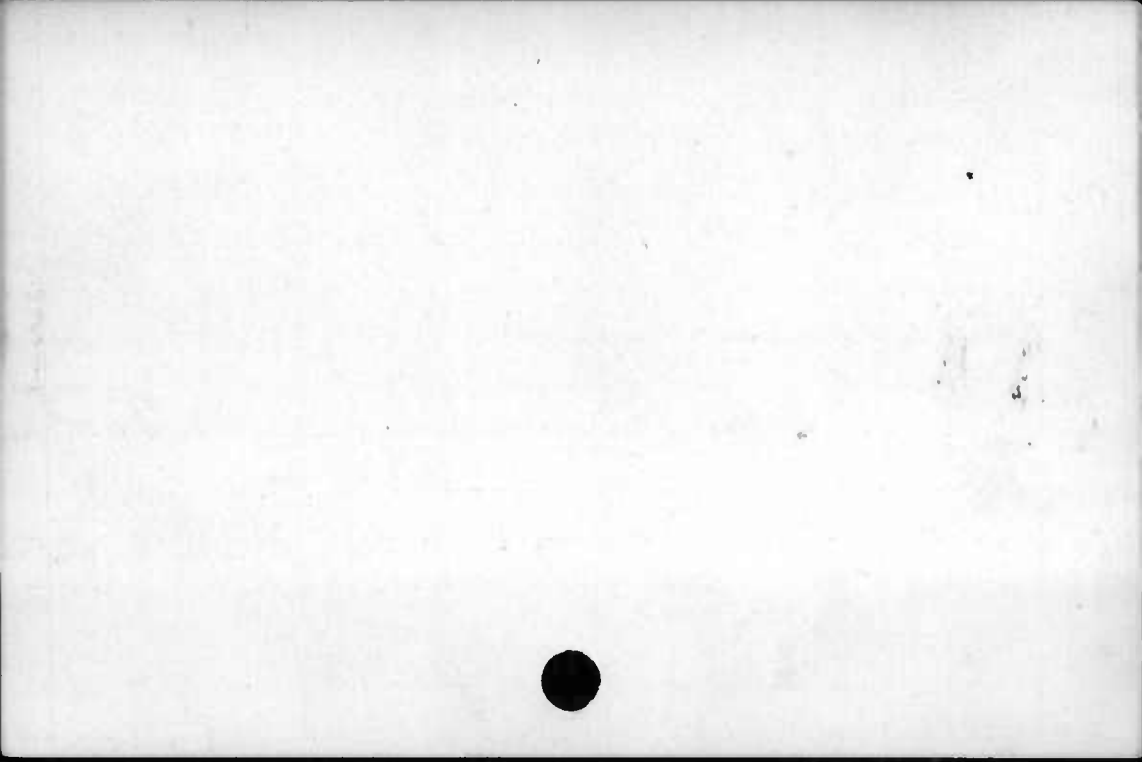
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Upper X Roads		Harford					
Date of death	1906	Month	April	Day	14	Years	Age 65
Sex	Male	Color or Race	White	Birth-place	Md.	Months	11
Occupation	Farmer			Where Residing if not at place of death	Md.		
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Dervilleaux Jarrett				Father's Birthplace	Md.	
Mother's Maiden Name	Sarah H. England				Mother's Birthplace	Md.	
Name of person giving information	Martha P. Jarrett				How related to deceased	sister in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of face	How long	2 years
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John S. Green
		Address	Sittinge
Accident	Swindle		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harvey W. Kimble</i>		Town <i>Creswell</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Creswell</i>		Date of death <i>1906 Apr 30</i>		Age <i>18</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>		Occupation <i>Farmer</i>			
Where Residing if not at place of death <i>Creswell</i>		Married, Single or Widowed <i>Single</i>					
Name of Wife or Husband <i>Franklin W. Kimble</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Rosa B. Wilkinson</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>F. B. Kimble</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Appendicitis</i>	How long <i>14 days</i>
Immediate <i>Tritonites & exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J A Callahan</i>
	Address <i>Creswell Ind.</i>
Accident or Suicide? <i>11</i>	

Calvary - 6. May 2nd 1706

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Margaret L. Lyle* Town *Bel Air* County *Hagerford*

Died at *Bel Air*

Date of death *1906* Month *Apr* Day *9* Age *56* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *Bel Air Ind*

Married, Single or Widowed *Married* Name of Wife or Husband *George M Lyle*

Father's Name *Jamett Wilson* Father's Birthplace

Mother's Maiden Name *Louline Wilson* Mother's Birthplace

Name of person giving information *Robert Lyle* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chlorosis liver* How long *abt 7 years*

Exhaustion How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *@ A Hallingworth*

Address *Bel Air Ind*

Accident or Suicide? *neither*

Hendon Hill

Name in Full		Elanor Morris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Flintville</i>		County <i>Harford</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>4</i>	Day <i>24</i>	Age <i>78</i>	Months	Days
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>N. Y.</i>		
		Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>Ind</i>			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace	
		Mother's Maiden Name				Mother's Birthplace	
		Name of person giving information <i>Lorena Morris</i>				How related to deceased <i>Daughter-in-law</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Disease Heart</i>		How long <i>5 years.</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Warren Ramsey</i>			
				Address <i>Deer York Co. Penna</i>			
		Accident or Suicide?					

Tabernacle

April 27/06

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1906		Apr.	11	Age 79	—	—	
Sex	Female		Color or Race	White		Birth-place	Ind.
Occupation	Housewife		Where Residing if not at place of death		Brynmar		
Married, Single or Widowed	Married Widowed		Name of Wife or Husband		George A. Donnell		
Father's Name	John Wann				Father's Birthplace	Ind.	
Mother's Maiden Name	Hannah Wakeland				Mother's Birthplace	Ind.	
Name of person giving information	Elizabeth Wann				How related to deceased	Daughter	

CAUSES OF DEATH

Primary	Valvular disease of heart		How long	3 yrs
Immediate	Pneumonia		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. P. Smitham
			Address	Forest Hill Ind.
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Ida Azella Union

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leetown</i> Town		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Apr</i>	Day <i>8</i> ^{<i>PM</i>}	Age <i>13</i> Years	Months <i>3</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co Md</i>		
Occupation <i>School Girl</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Ernest J. Union</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>H. Alice Whitaker</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mary Barrington</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dean H. McManus</i>
	Address <i>Jarrettsville</i>
Accident or Suicide?	

Buried at Walker
Memorial hospital

Name in Full		Wm. G. Roberts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Chestnut Mills		Hoyford.				
	Date of death	1906	Month	4	Day	1	Age
	703		Years		Months	Days	
	Sex	Male	Color or Race	White	Birth-place	Ind.	
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
Mary Roberts							
Father's Name		Thomas Henry Roberts				Father's Birthplace	
Mother's Maiden Name		Margaret Hudson				Mother's Birthplace	
Name of person giving information		Jas. A. Butler				How related to deceased	
		Son in Law					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		10 days
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. W. Famous
					Address		St. Louis, Mo.
	Accident or Suicide?						

April 4th 1906

Holy Cross

Name
in
Full

CERTIFICATE OF DEATH

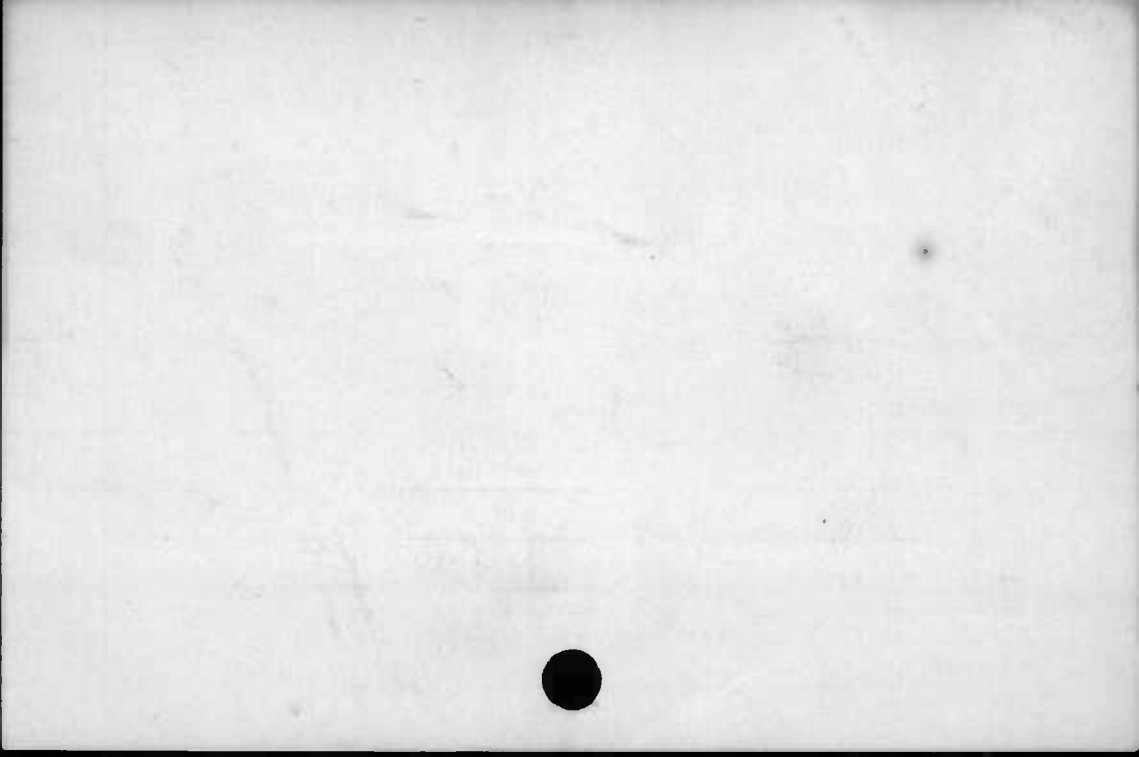
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Walter Bosley Rowe</i>		Town <i>Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Died at		Date of death <i>1906 April 8</i>		Age <i>69</i>		Months <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>		Days <i>—</i>	
Occupation <i>Physician</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carrie B. Rowe</i>		Father's Name <i>William Rowe</i>		Father's Birthplace <i>England</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>		Name of person giving information <i>Harry J. Rowe</i>		How related to deceased <i>Son.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>10 days</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Linn, M.D.</i>
Address <i>Berryman, Md.</i>	
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

William B. Sisbey

Town

County

Died at

Perryman

Harford

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

4 18

Age

3 9 17

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Joseph Sisbey

Mother's

Maiden Name

Jane Webster

Cause of

Primary

Consumption

How long sick

6 months

Death

Immediate

Exhaustion

(27)

Accident, Suicide, Homicide

Reported by

B.H. Johnson M.D.

Address

Perryman

Harford co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Fannie Smith

CERTIFICATE OF DEATH

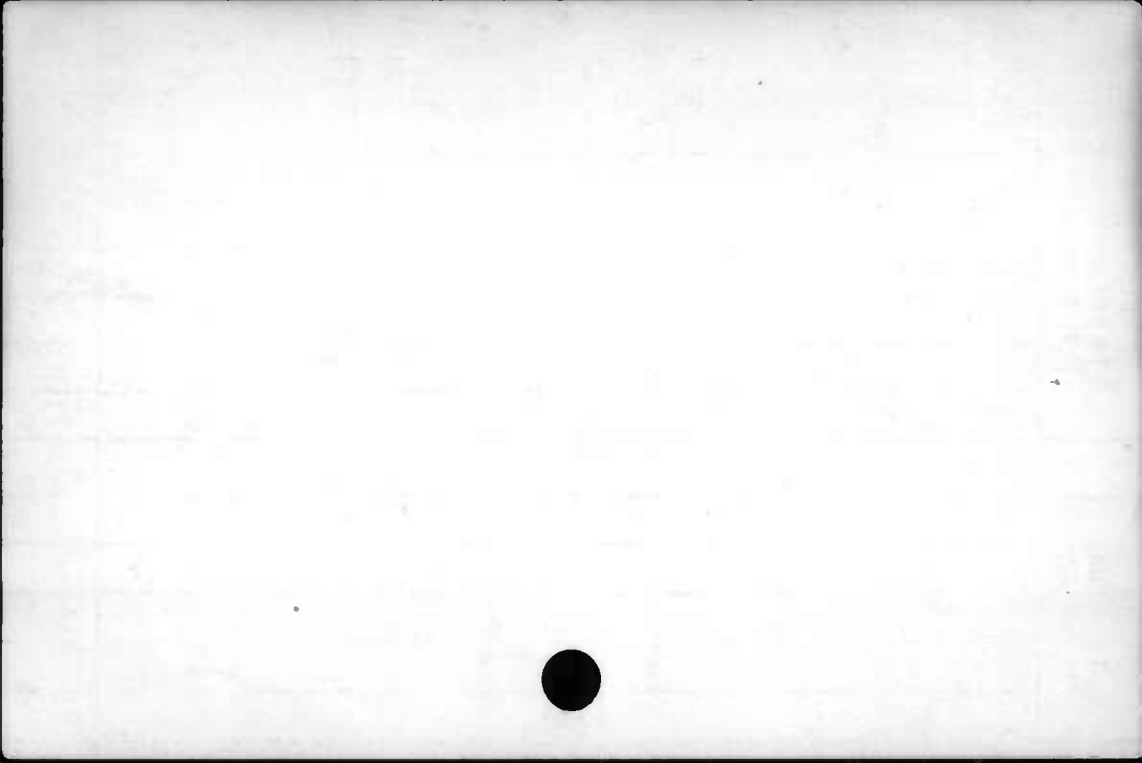
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alum House</i> Town		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>4</i>	Day <i>27</i>	Age <i>65</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Servant</i>			
Name of Wife or Husband <i>Not known</i>					
Father's Name <i>"</i>		Father's Birthplace <i>"</i>			
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Frank Moore</i>		How related to deceased <i>"</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphilis -</i>	<i>(36)</i>	How long <i>hemiplegia 4 weeks</i>
Immediate <i>Edema of brain. Hemiplegia. Coma -</i>		How long <i>coma - 2 or 3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Cant Bibler M.D.</i>	
	Address <i>Bil Airs Md.</i>	
Accident or Suicide? <i>Neither</i>		



Name
in
Full

Mary Addie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Castleton</u> ^{Town}		<u>Starford</u> ^{County}			
Date of death	<u>1906</u>	Month <u>Apr.</u>	Day <u>15</u>	Age <u>51</u> Years	Months <u>6</u> Days <u>29</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Starford Co.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm. Sappington Smith</u>				
Father's Name <u>James Monks</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Mary Reading</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>W. H. Smith</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cardiac Insufficiency</u>	How long <u>Seven Years.</u>
Immediate <u>Dysphoid Fever</u>	How long <u>Seven days.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Tobias</u>
<u>Yes.</u>	Address <u>Castleton, Md.</u>
Accident or Suicide?	



Name
in
Full

Wm. D. Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Fallston</i>		Town <i>Fallston</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>19</i>	Age <i>27</i>	Years <i>27</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Harford Co.</i>						
Married Single or Widowed	Name of Wife or Husband <i>—</i>						
Father's Name <i>Geo. Spencer</i>	Father's Birthplace <i>Harford Co.</i>						
Mother's Maiden Name <i>Mary M. Ruff</i>	Mother's Birthplace <i>Harford Co.</i>						
Name of person giving information <i>Geo. Spencer Jr.</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulm.</i>	How long <i>?</i>
Immediate <i>Exhaustion</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Cumell A. Spang</i>
	Address <i>Bell Air</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

McHenry McSullivan

Town

County

MARYLAND

Died at Bel Air

Harford

Date

Month

Day

Years

Months

Days

of death 1906 apr 21

Age about 45

Sex

Male

Color or
Race

White

Birth-
place

Not Known

Occupation

Laborer

Where Residing if not
at place of death

Bel Air

Married, Single
or Widowed

Not Known

Name of Wife or
Husband

Not Known

Father's
Name

Not Known

Father's
Birthplace

Not Known

Mother's
Maiden Name

Not Known

Mother's
Birthplace

" "

Name of person giving
Information

W. S. W. E. E. E.

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Accident

How long

1/4 hour -

Immediate

Dislocation Cerv. Vert.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. H. H. Richardson

Address

Bel Air Md.

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Buried Monday Apr 23 1906
at St. Ignatious

Name in Full

Certificate of Death

Nathan Swift

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

4 27

Age

75

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

Gastroenteritis

Heart Failure

How long sick

104

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70B08



Name
In
Full

Mrs Virginia P Thomas

CERTIFICATE OF DEATH

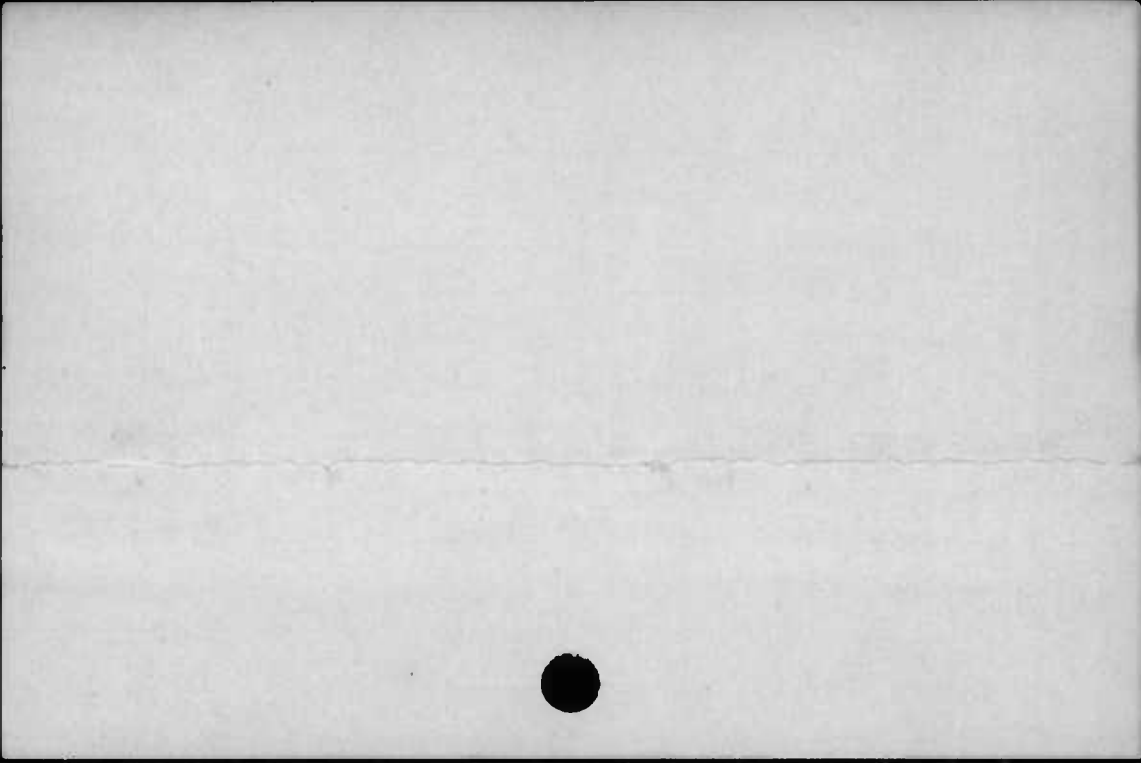
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1906 April 9</i>	Day	<i>9</i>	Years	<i>73</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Harford Co Md</i>
Occupation	<i>Lady house keeper</i>		Where Residing if not at place of death <i>Darlington</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>David E Thomas</i>		
Father's Name	_____			Father's Birthplace	
Mother's Maiden Name	_____			Mother's Birthplace	
Name of person giving information	_____			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralytic & heart disease</i>	How long	<i>6 mos</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Ephr Hopkins</i>
		Address	<i>Darlington Md</i>
Accident or Suicide?			



Name
in
Full

Ralph Thompson

CERTIFICATE OF DEATH

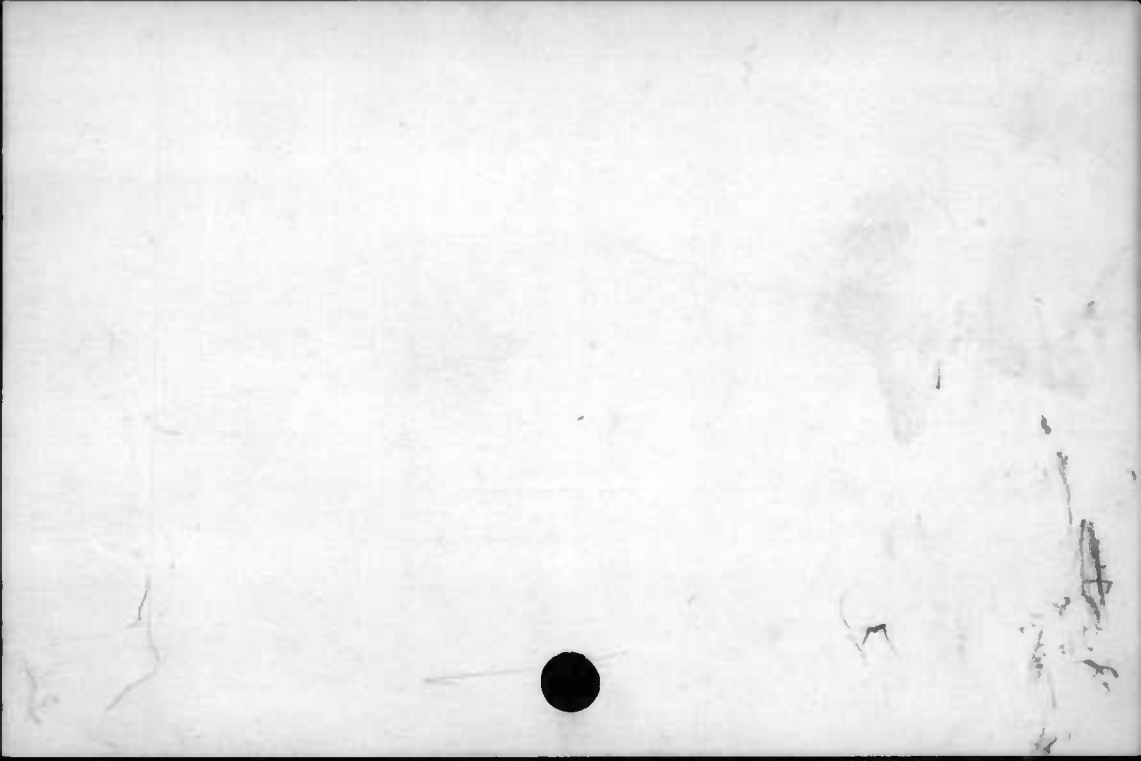
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seabrook</u> ^{Town}		<u>Hamp</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>April</u> ^{Day} <u>18</u>	Age <u>1</u> ^{Years}		Months <u>1</u>		Days <u>0</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Seabrook</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Emory Thompson</u>			Father's Birthplace <u>Seabrook</u>		
Mother's Maiden Name <u>Ella Bailey</u>			Mother's Birthplace <u>Seabrook</u>		
Name of person giving information <u>Emory Thompson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Organic Heart Disease</u> <u>79</u>	How long	<u>1 month</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. W. Farnsworth</u>	
<u>yes</u>		Address <u>Seabrook</u>	
Accident or Suicide?		<u>Ind.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Jane Turner*

Died at *High Point* Town *Harford* County

Date of death *1906* Month *April* Day *21* AM *11* Age *60* Years Months *1* Days *20*

Sex *Female* Color or Race *Black* Birth-place *Harford Co Md*

Occupation *Housekeeping* Where Residing if not at place of death

Married, Single or Widowed *Married* ~~Head of~~ Wife of *Joshua Turner* Husband

Father's Name *Abraham Amos* Father's Birthplace

Mother's Maiden Name *Grace Warren* Mother's Birthplace

Name of person giving information *Joshua Turner* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

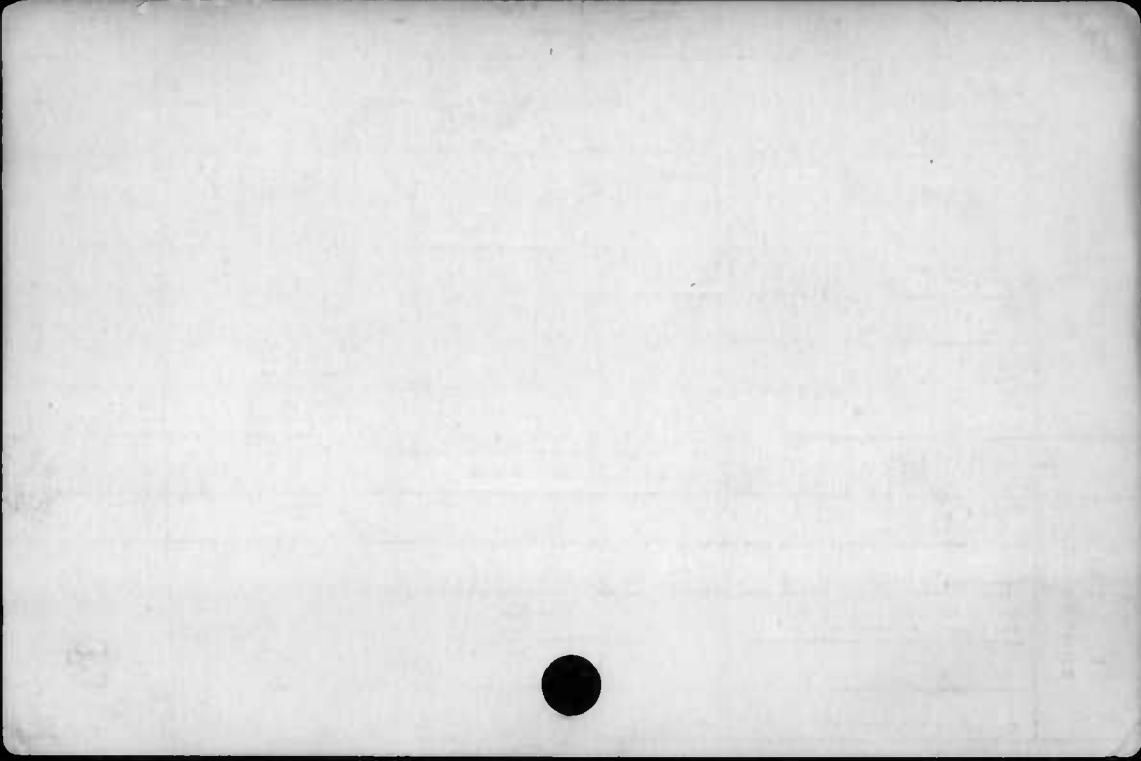
Primary *Heart Disease* How long *Five years*

Immediate *Heart Failure* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *To the best of my knowledge* Signature of Physician *Geo. H. Davis*

Address *Pleasantville Md.*

Accident or Suicide?



Name
in
Full

Myrtle Sumner

CERTIFICATE OF DEATH

Died at <u>Van Bitter</u> ^{Town} - <u>Harford Co</u> ^{County}		MARYLAND	
Date of death 190 <u>6</u>	Month <u>4</u>	Day <u>21</u>	Age <u>—</u> Years
Sex <u>Female</u>		Color or Race <u>Caucasian</u>	Birth-place <u>Ind</u>
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>Henry Sumner</u>		Father's Birthplace <u>Harford Co</u>	
Mother's Maiden Name <u>Ida Jones</u>		Mother's Birthplace <u>" "</u>	
Name of person giving information <u>Mrs Sumner</u>		How related to deceased <u>Mother</u>	

CAUSES OF DEATH

Primary <u>Convulsions</u>	How long <u>2 weeks</u>
----------------------------	-------------------------

Immediate

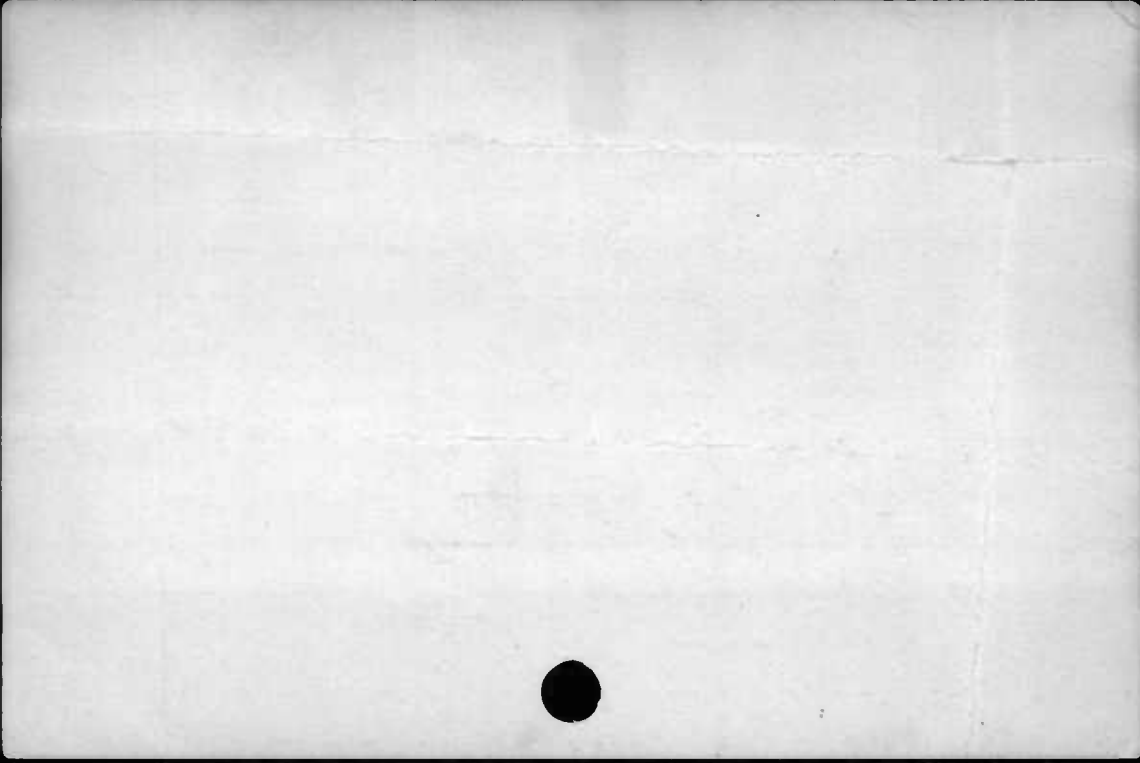
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

6

4 12

Age

32.6

Md

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living One

Husband

of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Immediate

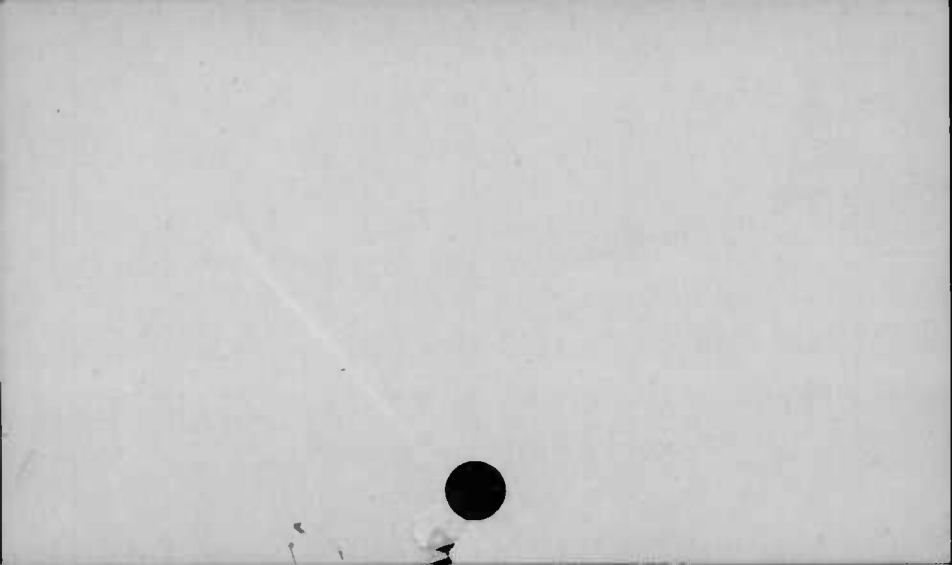
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Three</u> <small>Town</small>		<u>Stearford</u> <small>County</small>			
Date of death <u>1906</u> <small>Month</small>		<u>4</u> <small>Day</small>	<u>47</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Va</u>	
Occupation <u>Labourer</u>		Where Residing if not at place of death <u>Stearford</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Francis A. Hall's</u>			
Father's Name <u>Henry Hall's</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Elizabeth Howard</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Oliver Rogers</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart disease</u>	How long	<u>Don't know</u>
Immediate	<u>Indigestion</u>	How long	<u>1 1/2 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Robert S. P. - y</u>	
<u>Yes.</u>		Address <u>Bell Ave.</u>	
Accident or Suicide?			



Name
in
Full

Elizabeth Washington

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Boothby Hill^{County} Harford

Date of death 1906 April

Day 3

Age

Years

Months

Days 9

Sex Female

Color or
Race

Colored

Birth-
place

Boothby Hill

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm Taylor

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

Pearle Washington

Mother's
Birthplace

Harford Co Md.

Name of person giving
In formation

Pearle Washington

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Syphilis

How long

9 days

Immediate

Malnutrition

How long

9 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Chas H Kite

Address

Aberdeen Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Blanche A Wilson				CERTIFICATE OF DEATH	
Died at		Bel Air		Harford		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Apr	20	Age 17			
Sex	Female	Color or Race	Black	Birth-place	Md		
Occupation	Nurse -			Where Residing if not at place of death	Bel Air		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Lee Wilson				Father's Birthplace	Va	
Mother's Maiden Name	Hannah Burrill				Mother's Birthplace	Md	
Name of person giving information	Hannah Wilson				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis	How long	Some months.
	Immediate	Pneumonia	How long	" "
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		J. F. H. Gorsuch	
Address		Folk		
Accident or Suicide?		No		

Madame de

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>29</i>	Age <i>79</i>	Months Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Md</i>		
Occupation <i>Grocerman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susie J. Lyon</i>				
Father's Name <i>Christopher Wilson</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Fetty Smith</i>	Mother's Birthplace <i>Md</i>				
Name of person giving In formation <i>Edward Wilson</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Kirk</i>
	Address <i>Darlington Md.</i>
Accident or Suicide?	

